

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2988</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Randy</u> <u>L</u> <u>Taylor</u> P.O. Box, Bldg., Room No., if any <u>PO Box 353</u> Street <u>1104 Wisconsin Ave</u> City <u>Sheboygan</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53081-3954</u>	4. Name, file number, and address of labor organization. Name <u>Local 800 IUE-CWA</u> Labor Organization File Number <u>036612</u> P.O. Box, Building and Room Number, if any <u>PO Box 353</u> Street <u>1104 Wisconsin Ave</u> City <u>Sheboygan</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53081-3954</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Randy L Taylor</u>	On <u>7-6-05</u> Date	<u>920 457 5715</u> Telephone Number

Name of Person Filing

Randy L Taylor

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name United Furniture Workers Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

PO Box 100037

Street 1910 Air Lane DriveCity NashvilleState TNZIP Code + 4 37224

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Reimbursement of Expenses - Trustee meetings
Airfare
mileage to & from Airport
Airport Parking
Hotel
per diem
Cab fare

11.b. Approximate dollar value of such dealing.

2,383.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Randy L Tayloe

File Number U-

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Bank of New YorkTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1633 Broadway 13th FloorCity New YorkState NY ZIP Code + 4 10019

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name United Furniture Workers Insurance FundTrade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 10037Street 1910 Air Lane DriveCity NashvilleState TN ZIP Code + 4 37224

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

In Feb. 2004 my wife and I had dinner hosted by The Bank of New York.

12.b. Amount. \$140.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing

Randy L Taylor

File Number U-

2988

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Boston Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 Boston Place 14th FloorCity BostonState MA ZIP Code + 4 02108

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name United Furniture Workers Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1910 Air Lane DriveCity Nashville 1State TN ZIP Code + 4 37224

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

In June of 2004 my wife and I had dinner hosted by The Boston Company

12.b. Amount.

\$200.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.